

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH  
APPLICATION FOR AND AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION  
M.G.L. Chapter 123, Sections 12 (a) and 12 (b)**

**Application Pursuant to 12 (a)**

1). Application to (Facility Name): \_\_\_\_\_

2). I hereby apply for admission of (name of patient): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M ☐ F ☐

to the facility named above pursuant to M.G.L. c. 123, s. 12 (a). This person, in my opinion, requires hospitalization at the above named facility so as to avoid the likelihood of serious harm by reason of mental illness. Evidence supporting my opinion includes:

**A). Mental Illness:** For purposes of admission to an inpatient facility under Section 12, "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, organic brain damage or mental retardation do not constitute a serious mental illness. Specify evidence including behavior and symptoms:

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**B). Likelihood of Serious Harm** (check all categories that apply):

- \_\_\_\_\_ (1) Substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or serious bodily harm; and/or
- \_\_\_\_\_ (2) Substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; and/or
- \_\_\_\_\_ (3) Very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provision of his/her protection is not available in the community.

Specify evidence including behavior and symptoms: \_\_\_\_\_

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3). Applicant Certification (check all applicable boxes)

- a. I am a: ☐ Licensed Physician ☐ Qualified (i.e. Licensed) Psychologist  
☐ Qualified (i.e. Licensed and Certified) Psychiatric Nurse Mental Health Clinical Specialist  
☐ Police Officer

b. I have ☐ I have not ☐ personally examined this person. If not, why? \_\_\_\_\_

c. ☐ I have consulted with either the receiving facility or emergency screening program.

☐ I have not so consulted because \_\_\_\_\_

Applicant's name (not patient):

(print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTE: Parts 1) through 3), above, must be completed to apply for involuntary hospitalization.**

**Authorization Pursuant to Section 12 (b)**

Designated Physician\* Authorization :

**(NOTE: Boxes A. through G., below, must be checked to authorize a Section 12(b) involuntary admission to a facility.)**

- A. ☐ I am a designated physician\* of the aforementioned facility with authority to authorize admissions under Section 12 (b).
- B. ☐ I have personally examined this person  
☐ within 2 hours of his/her arrival at the facility  
☐ more than 2 hours after his/her arrival at the facility due to the fact that I was engaged in an emergency situation.\*\* The emergency situation was: \_\_\_\_\_

\_\_\_\_\_ and I examined the patient at \_\_\_\_\_ am/pm.

- C. ☐ This person does not require emergency or inpatient medical or surgical care.
- D. ☐ I have offered this person an application for Care and Treatment on a Conditional Voluntary Basis and the person:  
 (one of the two boxes below must be checked to proceed with a Section 12(b) authorization)  
☐ refused to sign, or  
☐ the application was rejected (the reasons why the application was rejected must be stated on the application and the rejected application shall become part of this person's medical record at the facility).

**Note:** 104 CMR 27.07 (1) requires that the patient be offered an opportunity to change to conditional voluntary status again within three days of admission.

- E. ☐ I concur with the applicant's recommendation and have completed a psychiatric examination to support this conclusion. Alternatively, I am the applicant, I have personally examined this person, and have completed sections 1), 2), 2A) and 2B) on the opposite side of this form.
- F. ☐ In my opinion, at the present time there is no less restrictive placement that is appropriate for this person to which he or she is willing to go.
- G. ☐ I authorize this person's admission.
- H. ☐ I reject this application for admission for the following reasons: \_\_\_\_\_

Designated Physician's Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Designated Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\* A physician who meets the criteria in 104 CMR 33.03

\*\* See 104 CMR 27.07 (2)